

Peer Parent Program Audit Tool

The "Peer Parenting" program provides individualized parenting instruction to Clients in their own homes to reduce the risk of abuse or neglect, with an end goal of maintaining the family unit or re-unifying the family with safe and healthy parenting skills. Peer Parents are to provide individualized parenting instruction to DCFS Clients using the evidence-based Systematic Training for Effective Parenting (STEP) curriculum. Services shall address: parenting and communication skills, home management, and how to access community resources.

Part I. B. 11. Code of Conduct

a. Employees/volunteers sign Code of Conduct prior to work w/clients; copy in employee file. /1	
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Part II. G. Staff Qualifications

<p>Peer Parent Supervisors:</p> <ul style="list-style-type: none"> a. Bachelor's Degree in human services, or related field (i.e., psychology, sociology, child development, social work), &/or b. 4 yrs full-time professional child welfare work experience, working directly w/children &/or families. <p>/1</p> <p>Peer Parents:</p> <ul style="list-style-type: none"> a. Min. 21 yrs of age b. Have at least 2 yrs experience working w/ children. <p>/2</p>	
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Part II. H. Training

<p>1. Within 1st week of employment (or 1 week of commencement of Contract) and <i>prior to work w/ Clients</i>, all staff receive 2 hrs of training:</p> <ul style="list-style-type: none"> a. Orientation Contract requirements b. Recognizing child abuse & neglect c. Legal reporting requirements d. Review of DHS Provider Code of Conduct e. Emergency management procedures f. Abuse, harassment & anti-discrimination training <p>/6</p> <p>2. Within the 30 days of employment (or 30 days following commencement of Contract), <i>prior to work w/Clients</i>, Peer Parent Supervisors & Peer Parents receive 12 hrs of training:</p> <ul style="list-style-type: none"> a. Child development & behavior management b. How child abuse, neglect, trauma, & unstable family dynamics affect normal child development 	
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<p>c. Home management d. Community resources e. STEP curriculum /5</p> <p>3. Within 6 months of date of hire (or 6 months of commencement of Contract), all staff attend <i>Practice Model Training</i> /1</p> <p>4. Peer Parent Supervisors & Peer Parents complete 12 hours of ongoing training annually: (Practice Model Training may be counted) a. STEP curriculum b. Working w/difficult families c. Conflict resolution (including de-escalation) d. Provider Code of Conduct e. Contract requirements /5</p> <p>5. Assessments for training (at least one): a. Testing & scoring b. Written summary of training content c. Observation of Peer Parent work in Client's home /1</p> <p>6. Doc. of training (for each trainee): a. Title & description of course content b. Date completed c. Duration d. Instructor name & qualifications that relate to subject matter e. Trainee's signature (manual or electronic), statement verifying employee/volunteer understands the training f. Doc. of each employee's competency /6</p>	
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Part II. I. Background Screening

<p>1. BCI application <i>within 7 days of hire</i>, then <i>annually</i>. /1</p> <p>2. Staff who have don't have a cleared BCI are accompanied by staff who do have cleared BCI. /2</p>	
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Part II. J. General Service Requirements: Regional Peer Parent Plan

<p>1. Create Regional Peer Parent Plan <i>within 90 days Contract</i>, then <i>annually</i>:</p> <ul style="list-style-type: none"> a. # of Peer Parents to be recruited/trained annually b. # of Peer Parents needed w/specific skills sets (i.e. foreign language) c. Additional goals for program expansion requested by each region d. Waiting list procedures: <ul style="list-style-type: none"> i. who has authority to list client ii. max. time on list, procedures when the time has been exceeded iii. how Clients will be removed iv. communication plan w/DCFS when client is put on waiting list <p>2. At least one objective about maintaining or increasing # of Peer Parents, # of Clients served.</p> <p>3. Contractor, Region Office, and State office must approve & sign the plan prior to implementation, and annually.</p> <p>4. Annual process to evaluate quality of service by each <i>individual</i> Peer Parent, & ensure STEP curriculum is being utilized w/fidelity; must include plan to remediate deficiencies.</p> <p>/4</p>	
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Part II. K. Program Service Requirements: Curriculum & Supervisory

<p>1. STEP parenting program as core curriculum (may be supplemented by other training materials); supplemental material approved in writing.</p> <p>/1</p> <p>2. Peer Parent Supervisor:</p> <ul style="list-style-type: none"> a. <i>Assign referrals</i> within 5 business days (unless there's a waiting list) b. Review w/each Peer Parent: progress, issues and/or Client concerns c. Address, resolve & doc. client complaints d. Ensure client files have required doc. e. Ensure training prior to providing services f. Ensure Peer Parents comply w/STEP program as core curriculum <p>/6</p>	
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Part II. K. Program Service Requirements: Service Coordination

1. Referral

a. Peer Parent *assigned within 5 business days* of receiving referral.

b. Within *5 business days of referral*, notify CM of service delay/waiting list placement, provide estimated date service will begin.

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2. Initial Assessment:

a. *Contact client within 5 bus. days* of assignment to Peer Parent.

b. *Document/notify CM of scheduling difficulties within 7 bus. days* of assigning referral.

c. *Notify CM within 24 hours of scheduling initial assessment*, coordinate w/CM to attend (document in file).

d. *Complete initial assessment within 10 bus. days from assignment* to Peer Parent; provide copy to CM.

e. *Assessment includes:*

- i. Education level
- ii. Cultural considerations
- iii. Parenting strengths & needs
- iv. Observations of Client(s) in home
- v. Input from CM
- vi. Knowledge & skills related to parenting-related life skills
- vii. Results of pre-assessment

f. Date initial assessment was completed, Peer Parent signature, date sent to CM.

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4. Written Parenting Instructional Plan:

a. Submit within *15 bus. days* from assignment of referral.

b. Focused on Client's individualized needs, identify applicable STEP modules to be covered:

- i. Consistent implementation of skills
- ii. Knowledge of dev. stages
- iii. Communication skills
- iv. Maintenance of clean, safe home
- v. Planning nutritious meals
- vi. Making/following budget
- vii. Community involvement, community resources/services

c. Goals:

- i. Measurable and time-limited
- ii. Specific method(s)
- iii. Schedule for service delivery, including frequency & duration

iv. Schedule for reviewing Client's progress & updating plan v. Date completed, Peer Parent signature, client signature vi. Date sent to CM d. Document progress in progress report. /4 5. Child & Family Team Meetings a. Ensure Peer Parents attend CFTM (as requested) b. Document attendance in Client's file c. Bill <i>max. 3 units/mtg.</i> (In addition to 8 units allowed during week; should be on PSA.) /3 6. Discharge Summary: a. Within 15 days of discharge b. Date of last home visit c. Progress on each goal d. Timeline of services provided e. Referrals to community resources f. Results of the post-assessment g. Reason for case discharge h. Discharge date i. Peer Parent & Client signature j. Date summary was sent to CM k. Doc. if client refuses to sign l. Copy in Client file /12 7. Client Evaluation Form: a. Client's name(s) b. Dates of service c. Client's general opinion of service d. Doc. if Client refuses /4 8. Client Pre and Post Assessment Tools: Use STEP Survey & Evaluation Form. Send post assessment to CM within <i>15 days</i> of discharge. /1	
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Part II. K. Program Service Requirements: Service Delivery

1. Teach STEP curriculum/face-to-face lessons, assist clients in accessing community services /1 2. Length <i>120 days</i> from first face-to-face visit: a. <i>1st extension</i> up to <i>60 days</i> (document reason):	
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<p>i. Extension doc. submitted to Case Manager</p> <p>ii. New PSA, written extension in file</p> <p>b. 2nd Extension up to 30 days (document reason):</p> <p>i. Consult w/CM</p> <p>ii. Contact Regional Designee</p> <p>iii. New PSA, written extension in file</p> <p>/1</p> <p>3. Progress notes within 48 hours of home visit:</p> <p>i. Date of home visit</p> <p>ii. Start & end time</p> <p>iii. Subject matter & goal it supports</p> <p>iv. Method used</p> <p>v. Other relevant information about family, including Client's reaction</p> <p>vi. Referrals made to community services/resources</p> <p>vii. Reasons for cancellation of visit, or reduction in visit length/ frequency, doc. in monthly report.</p> <p>/7</p> <p>4. Home visits:</p> <p>a. Min. once a week, at least 60 min. (2 units)</p> <p>b. Visits are face-to-face, <i>don't exceed 8 units/wk</i> (4 sessions/wk)</p> <p>c. Document progress, justify changes in service delivery</p> <p>/3</p>	
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Part II. M. Quality Assurance

<p>1. Interdisciplinary committee, meets quarterly: evaluates quality of services, authority to make changes, report rec. directly to executive director.</p> <p>2. Systematic data collection and evaluation process of service performance and Client results; process to implement changes.</p> <p>/2</p>	
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Part II. O. Reporting Requirements

<p>1. Incident Reporting:</p> <p>a. Peer Parents maintain list of phone #s to report emergencies, change in safety and/or crisis incidents. <i>Notify DCFS of emergency, change in safety and/or crisis incident within 24 hours.</i></p>	
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b. Document date, time & method of notification in file and Progress Report.

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2. Progress Reports:

a. Written report to CM *within 5 business days* of a parenting session in which the Peer Parent identifies any *emergency, change in safety, crisis incident* (or when requested by CM).

b. Written *monthly report* to CM by *15th* of each month:

- i. Dates & duration of each visit
- ii. Progress on objectives
- iii. Participation in services
- iv. Demonstration of skills
- v. Date specific goals were achieved
- vi. Barriers encountered
- vii. Change in needs
- viii. Decrease in visits, include reason
- ix. Date & signature of Peer Parent
- x. Date sent to CM
- xi. Maintain progress reports & court reports in file

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3. Quarterly Reports:

a. Submit to Region & State Office within *30 days of each quarter* (July-Sep, Oct-Dec, Jan-Mar, Apr-Jun)

b. Contractor's name, reporting quarter, Contract #

c. # of Peer Parents at end of quarter

d. # of new Peer Parents trained/ recruited

e. # of new families served (include DCFS case #s, organized by whether case was referred from an in-home services case or an out-of-home services case)

f. # of new adults served

g. # of new children served

h. # of ongoing adults and children served

i. # of families whose services were discharged successfully, had completed plan goals

j. # of families whose services were discharged unsuccessfully, had not completed goals

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4. Annual Reports:

a. Submit to Region and State Office by *July 15th*

b. Contractor's name, contract year & Contract #.

c. Qualitative information:

- i. Outcomes, success stories & barriers encountered for each region.

ii. Summarize reasons for goals not completed, premature discharges. /4	
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Part II. P. Record Keeping Requirements

<p>1. Client Files: Record includes: a. Date Contractor contacted for services b. Referral form c. Initial assessment d. Parenting Instructional plan (including goals) e. Monthly progress reports f. Documented contacts, & attempted contacts (w/Client & CM) g. Pre & post assessment h. Notes of all home visits, reasons for delay of services (including scheduling problems, and reasons why visits were not completed weekly) i. Evaluation forms or doc. of refusal to complete j. Date of CFTMs attended k. Doc./written approval of extensions l. Discharge Summary m. PSAs n. Client files kept in a secure location /14</p> <p>2. Personnel Records: a. Position description, including hire date b. Doc. of all training courses completed (date, # of hours, type of training, name of trainer and location of training) c. Signed Provider Code of Conduct (annual) d. Doc. of annual cleared BCI e. Doc. of supervisor qualifications f. Doc. Peer Parent is 21 years of age (or older) g. Doc. if Peer Parent is fluent in Spanish, or another language. (Part II. J. Maintain at least 2 <i>Peer Parents who speak Spanish fluently</i> in each region. If unable to fulfill requirement, must document.) /7</p>	
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Part II. Q. Authorization to Provide Service

1. PSA prior to providing services. /1	
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Part II. Billing

R. Mileage reimbursement

- a. When required to travel more than 60 miles round trip, reimbursement is \$0.38 per mile.
- b. Obtain prior written approval for travel more than 60 miles round trip.
- c. Single reimbursement per trip, regardless of # of Clients receiving services.
- d. Submit requests for mileage reimbursement on "One-Time Payment Form" within 90 days.

S. Billing

1. Bill for services based on contracted rate.
2. No reimbursement for services not on PSA.
3. Payment based on # of service units delivered.
4. Bill only for face-to-face peer parenting time w/Clients (regardless how many clients present).
4. Time billed for attendance at a CFTM is in addition to 8 units/wk for face to face home visits. (PSA should include this.)
5. Doc. signed by Client: service was provided, # of service hours, date, who provided service.
6. Submit billings no later than 20th of month
7. Service records support billings

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Part IV. B. Payment Rate:

Peer Parenting (PPC)	Unit: 30 minutes	\$33.00/unit
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